

An ESSAY on
Pathology and Symptomatology inseparable:
AND,
The Importance of a Correct Diagnosis
TO THE HOMEOPATHIC PHYSICIAN,

For the Degree of Doctor of Medicine.

RESPECTFULLY SUBMITTED

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Pathology and Symptomatology inseparable:
(and, The Importance of a Correct Diagnosis to the
Homoeopathic Physician.)

The plains of Troy were suddenly wrapt in darkness.
The arm of Ajax hung nerveless - his rusty sword
idle. Its gory blade was not broken, nor had his
arm lost its terrible strength. He dared not strike,
for, in the darkness, aiming at foes, he might
slay friends, and those friends were too few
to warrant so fearful a venture. Then arose
that solemnly earnest prayer:

"Lord of earth and air!
O king! O father! hear my humble prayer:
Dispel this cloud, the light of heaven restore,
Give me to see and Ajax asks no more:
If Greece must perish, we thy will obey,
But let us perish in the face of day."

The true Physician is ever

an Ajax praying for light.

His remedies are his sword, and he must wield them so that he strike only his foes. Certain forces are for, while others are against his patient. His remedies must attack the antagonistic forces, while those which are favorable he must endeavor to preserve undisturbed. Without a correct diagnosis he is in all the darkness of error, and the preservation of his patient is a "dispensation of Providence" rather than an exhibition of medical skill.

True, a clear diagnosis can not always enable him to save the patient. Still let him remember the Ajax-prayer:

"If Greece must perish, we thy will obey,
But let us perish in the face of day."

The importance of a correct diag-

-nosis cannot be too highly estimated; and we assert that in the present position of the two schools such a diagnosis is of greater importance to the Homoeopathic than to the Allopathic Physician.

When we remember that Homoeopathy has ever received not only the sarcasms of a rival school, but the contempt of so-called "disinterested" observers, it will prove a profitable inquiry to ask: why the contempt of the disinterested as well as the sarcasms of toothless allopathy?

Perhaps an examination of the great distinction between the researches of the two schools will furnish the answer. Allopathic investigations described the pathological changes produced by disease; Homoeopathic experiments revealed the pathological changes produced by drugs.

What has been the consequence? Have we not ridden our hobby so far into the domain of the ridiculous as to provoke the contempt of non-professional observers? We are not ridiculed wholly for our use of pellets, infinitesimal dilutions and triturations; these furnish to the world a theme for gibes and jeers, but the Allopathic practitioners know that our folly lies in the idolatry which bows us before a Symptomen Codex and leads us to not sufficiently estimate the importance of a diagnosis drawn from premises based upon pathological facts. Have we not relied too much upon such works as Hull's Fahr, Fahr's and Possart's Manual and the like; books which contain a copious code of "Symptoms", but giving no account of the natural history and pathology of a disease they furnish no means of forming a reliable -

diagnosis? Now the fact that Aconite, Belladonna, Nux vomicæ & Rhus Toxicodendron. are "indicated" by certain "Symptoms" is not sufficient to cast into disuse such works as those of Wood, Watson, Stokes, Williams, Grisolle, Vallié, Chomel, Skoda, Kokitansky, Wunderlich, Copland and others. Herein lies our folly: we have apotheosized Symptomatology and neglected Pathology. Our almost omnivorous Pathogenesis has swallowed Pathology. This is a grievous error; for of no two branches of any science can it be more emphatically said,

"Alterum alterius auxilio eget."

Let us give a simple illustration. A patient may complain of a "stitching pain" in the pulmonic region, and according to Fahr, either Bryonia or Phosphorus is indicated." Now with the Symptomatologist the "totality of symptoms"

decides the remedy. The Pathologist makes his examinations - if he finds an affection of a serous membrane, his "Symptomatology" teaches him to exhibit Bryonia. If he discovers an affection of the substance of the lungs he knows that Phosphorus is "indicated." Again, Arsenicum and Colchicum produce symptoms of Ascites. How shall we select the remedy? Symptomatology asks, "What is the totality of symptoms?" Pathology inquires, "What is affected, the spinal marrow, with the ganglionic and capillary nerves? Give Arsenicum. Or is it the kidneys and bowels? Give Colchicum."

Pathogenesis is invaluable, but it is a fraction; Pathology is the same; the two should be united in one harmonious whole, and the true Homoeopathic Physician

is as consonant with the pathological changes produced by disease, as with those induced by the exhibition of drugs.

Let us quote from a recent review: "Medical men may argue as they will; to be successful in the treatment of disease, they can not be exclusively Symptomatologists, nor exclusively Pathologists. If they pretend not to know, or care anything about the pathological condition of the patient, but to look exclusively at the signals of distress which the diseased organism hangs out, they deceive themselves, because in estimating the prominence or importance of those signals they involuntarily follow them back to the hand that holds them—"

"In estimating the prominence, or importance of those signals they involuntarily follow

them back to the hand that holds them!"

This determines the difference between the relative values of Symptomatology and Pathology.

To exhibit remedies for Symptoms, neglecting the pathology, is simply interrogating the servant and prescribing for the master.

I cannot leave this subject without transcribing an earnest injunction of our worthy Professor of Materia Medica - an injunction worthy of the place of honor in the note-book of every Homoeopathic student: "Do not fall into this infernal Symptomism - of which so many Homoeopaths are guilty - losing sight of those pathological processes of which the symptoms are mere indications!"

Pathology is the Pole Star in diagnosing as in selecting a remedy. To-

establish this dictum I will consider the mode of correctly diagnosing between Pregnancy and Ascites; Pregnancy and Ovarian Dropsy; Bronchitis and Pneumonia; Pleurisy and Pneumonia; Pleurisy and Pericarditis. Phthisis and Bronchitis.

First, Pregnancy and Ascites, There are cases where women who have been led into error wish to postpone the disclosure of their shame until the latest moment; therefore, they seek to deceive the Physician and friends. When called to diagnose in such a case we will find that the small round orifice of the Os uteri in the virgin, can never be mistaken by the Physician practiced in diagnosis for the soft

open cervix of the pregnant female, which after the seventh month will admit the introduction of the first phalanx of the index finger. In the patient with ascites also the clear sound on percussion in the upper part of the abdomen, whether the patient be on her back or side, while the dull heavy board like sound in the lowest part of the abdomen whatever may be the position to the practiced hand can never fail to reveal the presence of air in the one position, and that of water in the other, changing their situations by the force of gravity at every motion of the body. The hasty glance at the mammae reveals to him the well marked areola, the

œdematoſus nipple with the ſurrounding ſurface ſtudded with enlarged follicles, and poſſeſſing a certain moifure to the touch, and he rises from his examination confident, ſelf assured and prepared to give an opinion, which he knows to be correct.

A ſtill more frequent cauſe of deceiption both to the patient and practitioner, is where Ovarian dropsy exists. A reſpectable married female comes to her Physician fully conuinced that ſhe is pregnant; ſtates to him that her catamenia have not appeared for the laſt ſeven months, and that ſhe even feels the motion of the foetus. He examines the breasts and finds them enlarged, painful, ſurrounded by an areola, and ſecreting a milky fluid. She ſtates that for months ſhe has had morning ſickness. Her abdomen

is also notably enlarged. Here indeed we have an aggregation of symptoms calculated to decieve the most wary diagnostician.

She is married and has no motive for deceit, both herself and husband may ardently desire offspring, but still she is not pregnant, and woe to the reputation of that practitioner if he allows himself to be deceived and appoints the time for her confinement and his attendance. Ridicule will assail him with her most piercing shafts, and the woman herself, who has previously insisted that she was enciente will be the first to blame and heap reproaches upon him. The question arises, how are we to escape this dilemma? The Physician experienced in differential diagnosis thus proceeds. By a per vaginam examination he

usually discovers that the os uteri is still small and round, that by pressure on the os uteri with one hand no shock is communicated to the other when placed on the abdomen, and that the enlargement of the abdomen must be extraneous to the uterus. On a careful examination of the abdomen he finds that the tumor is well defined, and has a permanent inclination to one side, which is not altered by the recumbent position. If the case is far advanced he will perceive obscure fluctuation. The tumor itself also yields a dull sound on percussion which is very slightly if at all modified by change of position, and unlike what happens in ascites, the more complete dullness occupies the most prominent part of the swelling, whilst -

over the superior and lateral regions, especially on the healthy side the clear intestinal sound will be recognized. In cases of extreme difficulty, where we think it possible that we have a case of hepatic ascites, and the distension is so great that the hydrostatic line of level in front is not changed by posture, we have still a positive means of diagnosis between this condition and Ovarian cases with enormous cyst. If we cause the patient to sit up in bed, and the loins be percussed, it will be found that the note is the same (usually dull) if it is ascites. If an Ovarian case be treated in the same way, no matter how great the distension, one loin will be found to be clear, and the other quite dull. The explanation is obvious; in ascites the air-containing

coils of the intestines float as far forwards as their mesenteric attachments will permit, while in the case of an ovarian cyst, they are pushed over to the healthy side.

In advanced cases of the disease the Rational signs lend their aid to confirm the above mentioned Physical Symptoms.

When the eruption of the tumor from the pelvis has taken place, the feeling of the weight and distension in that cavity vanishes, and as the urethra is not compressed while the bladder is, the patient complains of incontinence of urine.

There is great emaciation about the neck and shoulders, and a very peculiar expression of the countenance. The face is elongated, thin, and shrivelled.

Anxiety and care are strongly depicted

on the features; the angles of the nose and mouth are drawn downwards; the lips are thinned; the cheeks are furrowed; the eyes are remarkably suffused; the space between the eyelids and bony margins of the orbits are sunken and hollow, and very late in the disease the abdominal veins become prominent, and, sometimes, owing to pressure on the veins of the leg, there is oedema on the side from which the tumor originates.

Bronchitis may be confounded with Pneumonia - Generally however the rational signs are sufficient to distinguish them; if not, the physical signs will always point out the difference. It is in those cases of bronchitis which extend to the minute ramifications of

the bronchia that the greatest resemblance to pneumonia is presented. But in bronchitis the sensations are more those of soreness than acute pain, and usually are seated in the front and upper part of the chest in the vicinity of the sternum. The expectoration though sometimes streaked with blood, never has that viscid and rusty character peculiar to the sputa of pneumonia. It is much more copious at the commencement than in the latter disease. No crepitant rale is heard, but instead of this the dry and mucous rales; there is no bronchial respiration or resonance, and very seldom a permanent want of the respiratory murmur in any part of the chest: and finally there is no considerable dullness on percussion except in

cases of great congestion.

Pleurisy and Pneumonia.—

In the former the pain is sharp stitching and severe, and is usually concentrated in one spot; in the latter, it is moderate and dull when the pneumonia is wholly uncomplicated; but, as this is generally associated with inflammation of the pleura which invests the inflamed portion of the lung, the symptom is little to be relied upon. The character of the expectoration is more important, being viscid and rusty in pneumonia; mucous and transparent or whitish, or simply streaked with blood in pleurisy. In the latter, the crepitant rale of pulmonary inflammation is wanting; in the former, the friction sound and egophony of pleurisy. In both bronchial respiration may exist,

but is more extensive and heard over remoter parts of the chest, in pneumonia, than in pleurisy with much effusion. In the latter affection, over the part where compression is the greatest, respiration is often scarcely, if at all heard, and vocal resonance is wanting; while in pneumonia, with the highest degree of dullness on percussion, bronchial respiration is usually distinct, and the vocal resonance much greater than in health, amounting often to bronchophony. Percussion yields no distinctive sound in the earliest stage; but the dullness is perceived earlier in pleurisy, and in the latter disease the flatness of the advanced stage is more complete. In pleurisy the flatness often changes with the position of the patient, which is not the case in pneumonia.

The whole sternum may be flat in pleuritic effusion and only one half in hepatization. When the hand is placed over the seat of copious pleuritic effusion no vocal vibration is felt, while in pneumonia it is more striking than in health. In pneumonia, no distension of the chest is observed, nor is there any displacement of the heart, liver, stomach &c. which occur in pleurisy with large effusion. In some cases of partial pleurisy the diagnosis is very uncertain, and when unattended with pain and cough, it is very apt to be overlooked. This happens most frequently when the pleurisy comes on in the course or towards the close of other diseases. It is therefore, a good rule, whenever, in any complaint a sudden increase of fever, or other material change for

the worse occurs, which is not readily traceable to its cause, to examine the chest minutely, and ascertain whether pleurisy exists or not.

Pleurisy and Pericarditis—

The diagnostic points between pleurisy and pericarditis are few, but sufficiently distinct to enable the practitioner to render his diagnosis certain. Pericarditis is distinguished from pleurisy by the more precise outline and peculiar position of the dullness, and its not changing with the posture of the patient, by the situation of the friction sounds, which accompany the heart's actions and not the movements of respiration, and by the absence of oegophony.

Ptosis and Bronchitis—

Bronchitis is the complaint to which ptosis bears the closest resemblance in its gen-

eral symptoms, and with which it is most liable to be confounded. But in the early stages of this disease if sufficiently severe to impair the general health it is accompanied with more fever than phthisis, and if mild, the emaciation is not so great, and generally the pulse is not so frequent as in the latter affection. It is also unattended with haemoptysis; the expectoration is usually more copious than in tuberculosis; and the disease instead of remaining long stationary or advancing slowly, is marked by successive and comparatively rapid strides both in its stages of advancement and decline. The auscultatory signs common to both affections are in bronchitis spread more

or less over the lungs, while in phthisis, they are confined to the upper portion; and the dullness beneath the clavicle on percus-
sion in the latter disease is entirely wanting in the former. The greatest difficulty is in discriminating between bronchitis, and those cases of acute phthisis in which miliary tubercles are dissemina-
ted equably through the lungs.

The physical signs may here entirely fail; but the physiognomy of the two diseases is such that they may be distin-
guished with much probability, if not an approach to certainty.

The persistence for a long time of a mucous or submucous rale throughout one, or both lungs, unchanged by all the treatment which usually proves effectual in

chronic bronchitis, and attended with emaciation, frequent pulse, night sweats, and other general symptoms of phthisis would indicate with some degree of certainty the existence of the miliary form of that complaint. In the advanced stages of the two diseases, there is generally but little difficulty in the diagnosis.

The absence of the peculiar sputa of phthisis; the inferior degree of emaciation; the total want of dullness on percussion, and of the ordinary signs of a cavity, together with the previous course of the complaint, and its exemption from attacks of haemoptysis are sufficient to distinguish the bronchial from tuberculous disease.

As each anatomical change

is either via Naturae, or contra Naturam,
the simple fact that we detect the
normal or abnormal variation is not
sufficient - our knowledge of patholog-
ical anatomy must give as satisfactory
an account for the change as patho-
logical anatomy can, before we give
our diagnosis. This is not exacting
too much, for Nature speaks audi-
bly and he who cannot understand
her voice desecrates the name of
Physician.

As our School, through
the machinations of Alloopathy,
is subject to some degree of suspicion,
if not contempt, it behoves its
expounders to do all in their power
to win for it a place in the confidence

and esteem of the people. How shall this be done? Our theory is based upon truth, and, where we are permitted, we can prove its efficacy. The superiority of our treatment in the simpler diseases is acknowledged. How often we are told, "It is a good thing for children and slight ailments?" Do they avoid us in the more serious cases because false diagnoses have brought us into distrust? Whether true, or not, still the suggestion is worthy of attention. Let the diagnosis of the Homoeopathic physician be like the law of the Medes and Persians, unalterable; and the people will give their confidence.

It is a correct diagnosis that makes the physician, for confidence in his

wisdom to detect, gives confidence in his
Skill to cure.

A correct diagnosis is not only desirable because it may assist in the cure, but that it may preserve from ridicule. To mistake pregnancy for ascites, would cost a physician his reputation.

Even while I write, the following case is told me. Two venerable practitioners, one of them grey-haired, operate on a woman for the removal of an uterine tumor. The operation progresses—the tumor is severed from its attachments, one of the operators receives it in his hand—it is a large one, and will make a "fine show in spirits,"

but behold! it proves to be the head of a fully developed foetus! The woman had been married four or five years, and thought, "Barkis was willin' to bore no children." Her husband's perseverance however proved greater than her faith, for while he persisted in his previously fruitless efforts, she watched not for the desired result. Thus our heroic allopathic had the chagrin of frustrating the five years labor of this patient man. This same grey-haired hero removed an inverted uterus for a tumor! yet he is a professor in a Medical College!"

Let each one of us strive that he honor the school of his adoption, for we surely have every incentive so to do.

Each successive day only reveals more clearly the truth of our system - we are gaining the confidence and respect of the people; we are adding to our fund of knowledge; we are building hospitals and we are founding Colleges - Our grey-haired predecessors are going down to the grave, but with glad hearts; their eyes are dim, their hands are weak and their brain must forget its cunning, but they know that they have left the principles they espoused and battled for, with able heads, and in strong hands - they see that the clouds of obloquy are being cleared away - and that the eyes of many are opened to recognize the truth.

Truly our future is one of promise; for we can apply to Homoeopathy as a science those sublime lines

"As some tall cliff that lifts its awful form,
Swells from the vale, and midway leaves the storm,
Though round its breast the rolling clouds are spread,
Eternal sunshine settles on its head."²²

"Eternal sunshine settles on its head!" There are clouds of obloquy around its breast, but its head, its principles is in the eternal sunshine of truth. But even the clouds shall be cleared away and then the world shall see Homoeopathy in all the harmony of its proportions and the beauty of its truth. Sic Posit.